PTO/SB/06 (08-03)

Approved for use through 7/31/2006. OMB 0651-0032

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	PAT	ATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 Application or Docket Number 09/543,0/6									
	_	CLAIMS AS	FILED -	- PART I		SMALL E	YTITN	OR	OTHER THAN SMALL ENTITY		
			ER FILED	NUMBE	ER EXTRA		RATE	FEE		RATE	FEE
BASIC FEE (37 CFR 1.16(a))							s	OR		:	
TOTAL CLAIMS (37 CFR 1.18(c)) 6 minus 20									OR	x \$=	
	EPENDENT CLAW CFR 1.16(b))	^{1S} 2	minus 3				x \$=		OR	x s=	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							+5_=		OR	+5 =	
* If the difference in column 1 is less than zero, enter "0" in column 2.						•	TOTAL		OR	TOTAL	
	CI	AIMS AS AM	FNDED	– PART II							
	O.							OR	OTHER	R THAN	
		(Column 1) CLAIMS	1 1	(Column 2) HIGHEST	(Column 3)	ı	SMALL E	NTITY	J.	SMALL	ENTITY
ENT A		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		Paid	. ADDI- TIONAL FEE
AMENDMENT	Total (37 OFR 1.18(c))	23	Minus	- 20	* 3		x s=		OR	x s <u>50</u> =	\$150.00
JEN	Independent (37 CFR 1.15(b))	3	Minus	<u>" 3</u>			x \$=		OR	x s=	
AN	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+\$=		OR	+s=	
36106							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	\$150.60
		(Cotumn 1)		(Column 2)	(Column 3)						
NT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
AMENDMENT	Total (37 CFR 1.18(c))	17	Minus	"23 3	•		x s=	rec	OR	x s=	FEE
ENC	Independent (37 CFR 1.15(b))	4	Minus	- 3	=/		X \$=		OR	PIX-)	2017
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d))						+1 =		OR	+5 =	
							TOTAL ADD'L FEE		OR	TOTAL ADO'L FEE	200
		(Column 1)		(Calumn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE ·	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.15(c))	•	Minus	**	8		X 8=		OR	X \$_ =	
EN	Independent (37 CFR 1.15(b))	•	Minus	701	•		x s=	•	OR	x s =	
AR	FIRST PRESENTA	ATION OF MULTIPL	E DEPENDE	NT CLAIM (37 CF	R 1.16(d))	ĺ	+\$ =		OR	+ ; =	
					•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".											

The "Highest Number Previously Paid For" [N HIS SPACE is less than 3, enter" 3".

The "Highest Number Previously Paid For" [Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

										Application or Docket Number					
	PATENT APPLICATION FEE DETERMINATION RECORD "Effective December 29, 1899 ()9 (542 516)														
	11217014														
CLAIMS AS FILED - PART I (Column 1) (Column 2)												OR	OTHER SMALL		
3	R	M	IMBE	R FILED	NUMBE	RE	XTRA	1	RAT	E	FEE	1	RATE	FEE	
BASIC FEE											345.00	OR		590.00 _.	
10	TAL CLAIMS		<u></u>	O= •	•			X\$ 9a			ОЯ	X\$18=			
INDEPENDENT CLASHS 2 minus 3 = :							, X39	=		OR	X78=				
MULTIPLE DEPENDENT CLAIM PRESENT							+130	-		OR	+260=				
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	CLAIMS AS AMENDED - PART II OTHER THAN														
(Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY PREMERSHAME CLAIMS INCRESS HIGHEST															
MENDMENT A		REMAIN AFTE AKENDA	ING R		MUMBER PREVIOUSLY PAID FOR	ER USLY	PRESENT EXTRA		RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
DAME	Total	6		Minus	-28		•		XS	-		OR	X\$18=		
ME	Independent								X39	=		OR	X78-	·	
H	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +130* OR +260= TOTAL ADDIT. FEE OR ADDIT. FEE							J	+130	>		OR	+260=		
(Column 1) (Column 2) (Column 3)									ALDON IL TELE						
	TO SHARE WAS	CLAMS REMAINING			HARLEST		PRESENT	Ì	1/1		ADDI-			ADD1-	
퉂		AFTE	AFTER ENDMENT	PREVIOUSE PAID FOR		EXTRA	RA	RAT	1	FEE		RATE	TIONAL FEE		
AMENDMENT	Total	.20	7 .	Minus	-26			·	XS	-		OR	X\$18=		
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAM															
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		AFTE	R		PREVIOUSL PAID FOR		PRESENT EXTRA •		RAT	E	TIONAL	ľ	RATE	TIONAL	
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-	* If the entry in obtains 1 is less than the entry in column 2, write "I in column 3. "If the "Rights Number Previously Pald For IN THIS SPACE is less than 50, enter "20." ADDIT, FEE ADDIT, FEE														
"If the "Righest Number Previously Peld For" (IN THIS SPACE is less than 3, enter "3.", The "Righest Number Previously Peld For" (Total or independent) is the Nightest number found in the appropriate box in column 1.															
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SUMMARY

If any issues arise, or if the Examiner has any suggestions for expediting allowance of this application, the Applicant respectfully invites the Examiner to contact the undersigned at the telephone number indicated below or at wmunck@davismunck.com.

The Commissioner is hereby authorized to charge any fees connected with this communication (including any extension of time fees) or credit any overpayment to Deposit Account No. 50-0208.

Respectfully submitted.

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